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Nields, Lemack & Frame, LLC
 176 E. Main Street
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(Signature)
(Date)

APPLICATION NO. 10/593,884	FILING DATE 09/21/2006	FIRST NAMED INVENTOR Daisaku Matsunaga	ATTORNEY DOCKET NO. 576P092	CONFIRMATION NO. 5473
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TITLE OF INVENTION: MICROPATTERN RETARDATION ELEMENT

APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE DUE \$1510	PUBLICATION FEE DUE \$300	PREV. PAID ISSUE FEE \$0	TOTAL FEE(S) DUE \$1810	DATE DUE 06/09/2010
EXAMINER HON, SOW FUN		ART UNIT 1794	CLASS-SUBCLASS 428-001300			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE 1. National Institute Of Advanced Industrial Science and Technology 2. Nippon Kayaku Kabushiki Kaisha	(B) RESIDENCE (CITY AND STATE OR COUNTRY) Tokyo, Japan Tokyo, Japan
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Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>14-800</u> (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)
☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Kevin S. Lemack, Reg. No. 32,579/ Date April 29, 2010

Typed or printed name Kevin S. Lemack Registration No. 32,579

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